FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 31, 2002 8:00 am P00000006181 **Secretary of State** DOCUMENT # 1. Entity Name 01-31-2002 90011 037 \*\*\*150.00 COUNSELING SOLUTIONS, INC. Principal Place of Business Mailing Address 6100 GLADES ROAD 6100 GLADES ROAD RUU14313 SUITE 205 SUITE 205 **BOCA RATON FL 33434 BOCA RATON FL 33434** Powerline Rd 21301 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 307 D City & State City & State 4. FEI Number Applied For 65-0983201 Not Applicable Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired 33433 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISCHER, LORI Street Address (P.O. Box Number is Not Acceptable) 6100 GLADES ROAD SUITE 302 **BOCA\_RATON FL 33434** Zip Code 33 / 3 3 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing. \$5:00 May Be Alter May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) Change ☐ Addition some Named director TITLE ☐ Delete TITLE FISCHER, LORI NAME 21301 Powerline Rd. suite # 3070 NAME 6100 GLADES ROAD SUITE 302 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.